

DEPARTMENT OF JUSTICE GAMBLING CONTROL DIVISION

CARD GAME TOURNAMENT PERMIT APPLICATION

DEPARTMENT OF JUSTICE
GAMBLING CONTROL DIVISION
2550 PROSPECT AVENUE
P. O. BOX 201424
HELENA, MT 59620-1424

PHONE: (406) 444-1971
FAX: (406) 444-9157



PERMIT FEE: \$10.00

OFFICE USE ONLY

CHECK NO. _____

CHECK AMOUNT _____

REFUND _____

SELECTED MONTANA CODE ANNOTATED AND ADMINISTRATIVE RULE EXCERPTS

(To obtain a complete copy of the rules and statutes, send \$10.00 by check only, made out to "Gambling Control Division", to the address shown on this form.)

Mont. Code Ann. § 23-5-317. Tournaments. (1) Subject to the department's approval, a licensed operator who has a permit for placing at least 1 live card game table on the operator's premise may conduct up to 12 live card game tournaments a year on his premises. Each tournament may be conducted for no more than 5 consecutive days. If an operator conducts more than one tournament a year, at least 7 days must lapse between the conclusion of one tournament and the beginning of the next tournament. 2(a) Before the start of a tournament, the operator shall submit to the department an application for a tournament permit. The permit application must be accompanied by the \$10 fee. The department shall retain the fee for administrative purposes.

Mont. Admin. R. 23.16.1101 (3) The card game tournament application should be received by the department at least 10 working days before the start of the tournament. The department may process an application received by FAX but shall not issue a permit on such an application until the fee is received by the department. An application may not receive approval if received by the department with less than 10 working days before the start of the tournament.

AN IMPROPERLY OR INCOMPLETE APPLICATION WILL BE RETURNED

"Type or Print Legibly using Ink"

OPERATOR NUMBER

LIQUOR LICENSE NUMBER (12 Digits)

ESTABLISHMENT NAME

OPERATOR: HOLDER OF OPERATOR LICENSE

ESTABLISHMENT PHONE NUMBER

Provide mailing address: Check if changed

Federal Tax I. D. No.

Location of Tournament		Number of Tournament Tables	
Dates of Tournament		Amount of Entry Fee Charged	\$
Type of Card Games to be played		Amount of Cash Prizes	\$

SUBMIT A COMPLETE COPY OF YOUR TOURNAMENT RULES WITH THIS APPLICATION

RULES MUST BE POSTED AND INCLUDE:

➔ FACE VALUE OF CHIPS TO BE USED

➔ TOTAL ESTIMATED NUMBER OF HANDS TO BE PLAYED TO BE ELIGIBLE TO WIN A PRIZE

**STAPLE PAYMENT
HERE**

I CERTIFY THAT THIS INFORMATION IS TRUE AND CORRECT

SIGNATURE OF LICENSEE/ OFFICER

PRINT NAME OF PERSON SIGNING

DATE